



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway Street, Boston, MA 02114

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GOVERNOR

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INTERIM COMMISSIONER

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DIRECTOR

**AFFIDAVIT OF MILITARY SERVICE STATUS**

I, \_\_\_\_\_ the undersigned, being duly sworn, do depose and state under the penalties of perjury that:

1. I am engaged in the active service of the armed forces as defined in M.G.L. ch. 4, §7, cl. 43.
2. Within 90 days of discharge from active military duty, I will notify the Division of Health Professions Licensure of my discharge, in writing, and I will include a copy of my Report of Separation (DD-214).
3. I am attaching to this affidavit a copy of my military identification card and a copy of my military orders.

Subscribed and sworn by me under the pains and penalties of perjury on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public

My Commission Expires: \_\_\_\_\_